Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accommanded by forms CRO-3100 and CRO-3500

Amendn	nen	t		
Yes		_ [No	
AVA 25. 5 A225 300	x 0	1 00000		2 77 4 3

1. Committee Information	0-3500.			
a. Full Name			c. ID Numbe	r
F1 + T 1:				
Elect Tarantino		_	d. Date Orga	wheel
b. Muiling Address (include City, State and Zip Code)			d. Date Orga	/
515 N. Hyde Park Ave			7/27	109
Durham NC 27703			e. Phone Number	
gornach 10 - crios			60 49	5754
2. Candidate Information	Candidate's Prin	nary Comm	- Control of the Cont	
a, Full Name	c. Candidate ID Numbe	CHARLES TO STREET	d. Party Affi	liation
John Tarantino			nonp	partisan
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought		Bullia	f. Jurisdiction
515 N Hyde Park Ave	Durham	Citya	ione:1	Wards
Durham NC 27703	(If office sought is nonpartisan, write "Nonpartisan" in [Party Affiliation.)		partisan" in [d]	
3. Treasurer Information	4. Custodian of Boo	oks Inform	ation	
a. Full Name	a. Full Name			
John Tarantino				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (Include City, State, and Zip Code)			
515 N. Hyde Park Ave				
c. Phone Number d. Email Address	c. Phone Number	d. Email Add	iress	
(919) 4915754 John tino 91818 hotmail	com			
5. Assistant Treasurer Information	6. Account Informs		d. CRO-3500)	Add
a. Full Name	a. Financial Institution	Full Name		Remove
X-4				
h. Mailing Address (include City, State, and Zip Code)	b. Purpose	REC	EIV	ED
c. Phone Number d. Email Address	c. Account Code	d. TypeUL	2 7 2009	er, ess re-el
	10	J DE	-DC	ON
CERTIFICATION I certify that the Committee or Fund is in compliance with a	Il applicable provisio	ns of Articl	e 22A, 22B	& 22D-22M of
Chapter 163 of the NC General Statutes and that no funds a	re commingled with p	prohibited o	r other non-c	lisclosed funds. I
further certify that this report is complete, true and correct.	Desating		7/22	2005
Juhn Tarantino Jr Printed Name of Signer Sig	nature of Appointed Treas	urer	-/-//	Date
the state of the s		THE REAL PROPERTY.		



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting JUL 2 7 2009

IN PERSON

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Cortif	ication	of Tre	asurer
	icalion	VILLE	asulul

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:		
Candidate Name:	John Tarantino	_
Treasurer Name:	Bame	_
Treasurer Address:	515 N. Hyde Park Ave Durham NC 27703	
(include city, state, & zip)	Durham NC 27703	_
		_
Treasurer Phone:	919 491 5754	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

1/21/09 Date Signed

John Parantine
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.





North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

CRO-3600

JUL 27 2009 IN PERSON

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

June 2007

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

Committee Name.	Elect laramine
Treasurer Name:	John Tarantino
Treasurer Address:	515 N. Hyde Park Ave
(include city, state, & zip)	Durham NC 27703
Treasurer Phone:	919 491 5754
election cycle under the proc until the end of the election of expenditures during this elec- of elections and file required	ttee intends to neither receive nor expend more than \$3,000 during the current edures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ion cycle, I understand that I must immediately notify the appropriate board campaign finance reports. ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
file the next scheduled report	Certification to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported ent election cycle. I further agree to file all future reports required.
7/37/09	John Par antono Signature
Note: This Certification is to	ne filed at the Election Board where the committee's campaign reports are filed.

Certification of Threshold



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

RECEIVED

JUL 2 7 2009

IN PERSON

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Candidate Designation of Committee Funds

C	andidate Designation of Committee Ful	iius
This form is used by car how the committee's fur	ndidate committees only and allows the candidate to designate in the nds are to be disbursed using the eight allowable methods outlined	ne event of their death, in 163-278.16B(a).
Candidate Name:	Sohn Tarantino	
Committee Name:	Elect Tarantino	
Treasurer Name:	John Tavantin	В
If Candidate is own	treasurer, designate an agent to carry out designations:	Koherta
Committee ID #:		avant in
Level Registered:	[State] [County] If county, specify:	Mother
Nam (Select fro	e of Entity Plan for Disbursement Plan for Disbursement Plan for Disbursement	(eg. Amount or %)
1. Knights o	f Calimbus 100%	
2		
3.		
By signing this form Gen. Statute 163-27 records.	n, I certify that the foregoing entities are eligible benefic 8.16B(a). A copy of this form should be maintained with	th the Committee
Signature of Candid	ate: form larantino	
Date:	17/27/09	
Note: This Designat	tion is to be filed with the Election Board where the committee's camp	
CRO-3900	Candidate Designation of Committee Funds	June 2007